

Armed Forces College of Medicine AFCM



DEVELOPMENT OF CVS (III) DEVELOPMENT OF ARTERIES] [& VEINS

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INTENDED LEARNING OBJECTIVES (ILO)



- -At the end of this lecture, students should be able to:
- i. Identify the 3 sets of aortic vessels.
- ii. Recognize pharyngeal arch arteries (aortic arches) & their derivatives.
- iii. Explain different congenital anomalies of the aortic arches.
- iv. Identify the 3 pairs of major veins of the embryo.
- v. Explain different congenital anomalies of the veins.
- vi. Discuss fetal circulation & its postnatal changes.



Lecture Plan



- 1. Part 1 (5 min) Introduction
- 2. Part 2 (40 min) Main lecture
- 3. Part 3 (5 min) Summary

Key points



- 1. Aortic arches (pharyngeal arch arteries) & their fate
- 2. Anomalies of aortic arches
- 3. Fate of the 3 pairs of major veins
- 4. Sources & anomalies of SVC & IVC
- 5. Fetal circulation & its postnatal changes

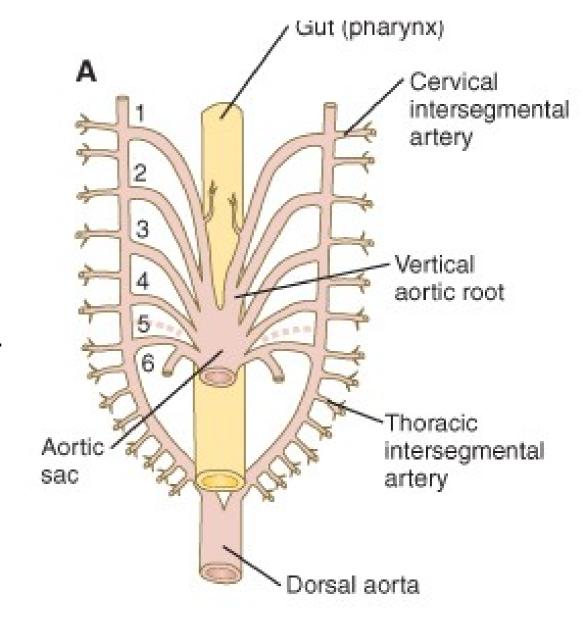
:Development of arteries

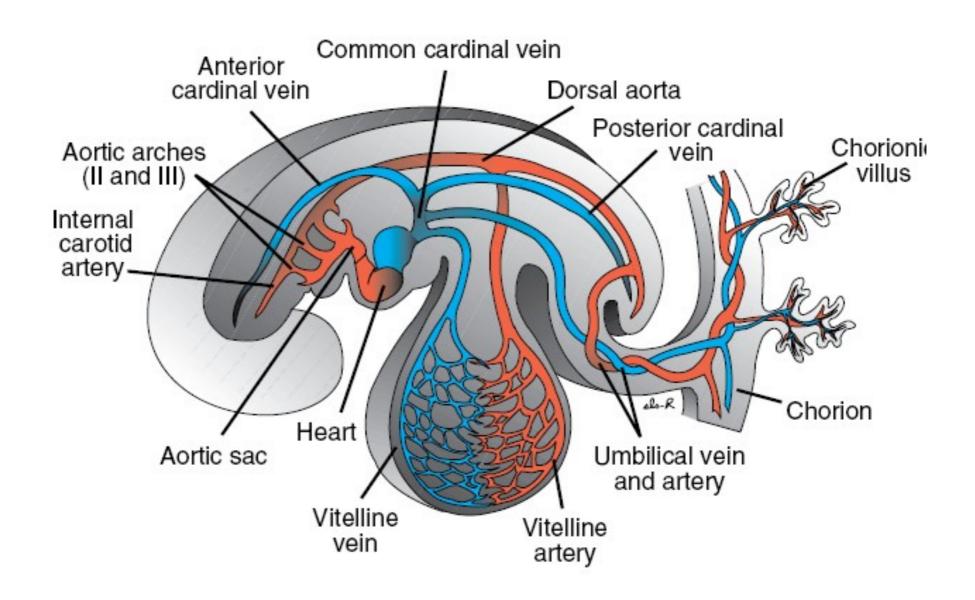
:Occurs as follows

The distal part of truncus arteriosus - is dilated to form the aortic sac. It is .formed of a stem and 2 horns

Two dorsal aortae (rt. & Lt.) appear .--Cranially, they are connected to the truncus arteriosus, but caudally they fuse together forming a single dorsal .aorta

Six pairs of arteries (Aortic arches) - appear. They connect the aortic sac ventrally with the 2 dorsal aortae .dorsally



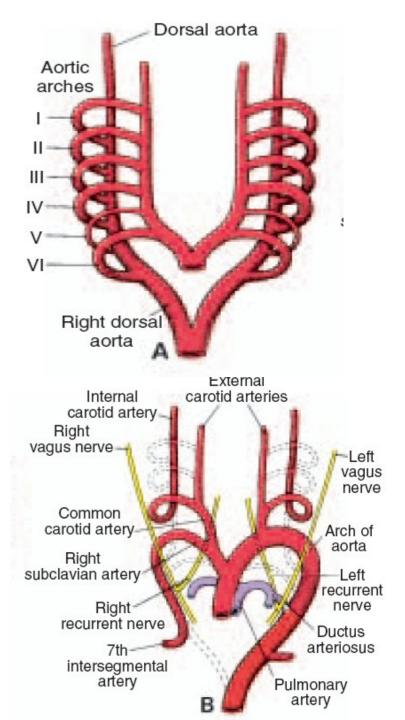


Wahah ARCHES

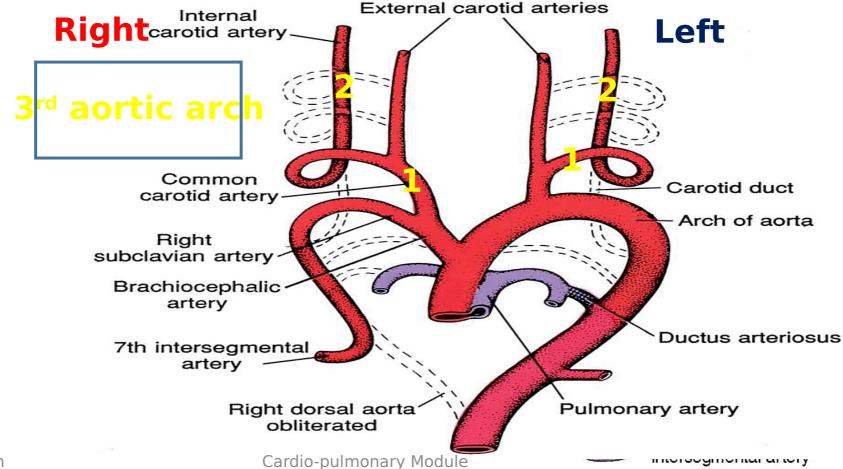
- .They are 6 pairs of arteries-
- Each passes in the corresponding pharyngeal arch and is called the aortic arch artery
- They are never present at the same time, as -by the time the 3rd pair develops the 1st pair .disappears

:Fate of the aortic arches

- They undergo changes in number and arrangement as follows
- 1st: disappears in both sides except for a small part which forms the maxillary artery
- 2nd: disappears in both sides except for a small part which forms the stapedial and hyoid arteries



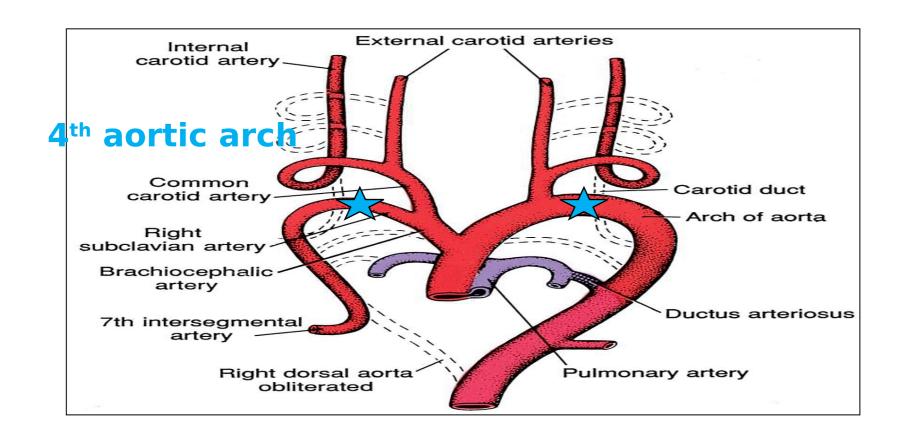
3rd: forms the common carotid and the proximal part of internal carotid arteries. (the external carotid arises as a bud from the 3rd arch).



New Five-Year Program Langman: Medical embryology; 14th edition

4th: - On the Rt. side it forms the proximal part of the rt. Subclavian artery

On the It. side it forms the middle part of .the arch of aorta



5th: disappears very early and completely on

.both sides

6th: each arch divides into ventral and dorsa

.segments

:on the rt. Side -

The ventral segment forms the rt.

.Pulmonary artery

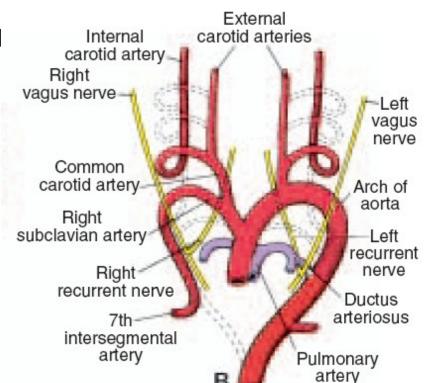
.The dorsal segment disappears

:On the It. side-

The ventral segment forms the Lt. pulmonary artery The dorsal segment persists during intrauterine life forming the ductus arteriosus connecting the Lt. pulmonary artery to the arch of aorta

:Fate of the aortic sac

The Rt. horn form the brachiocephalic -



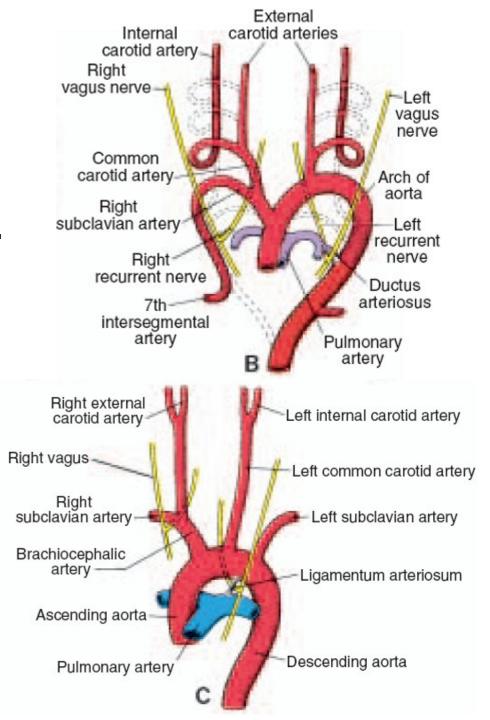
.N.B

The recurrent laryngeal nerve is the nerve of the 6th pharyngeal arch

Due to caudal migration of the heart, the nerve is pulled down by the 6th aortic arch forming a loop before it returns to the .neck

On the Lt. side: the recurrent laryngeal nerve hooks around the ductus arteriosus

On the Rt. side: hooks around the rt. subclavian artery in the neck (because the 5th & dorsal part of 6th arches .disappear)



♦The arch of aorta is derived from sources:

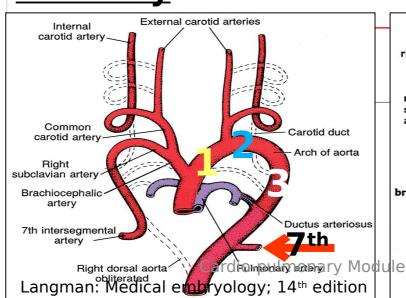
Proximal part → **Aortic sac.**

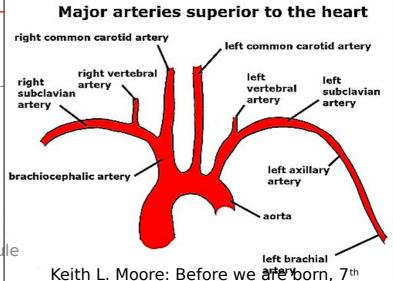
Middle part → Left 4th aortic arch.



Importa

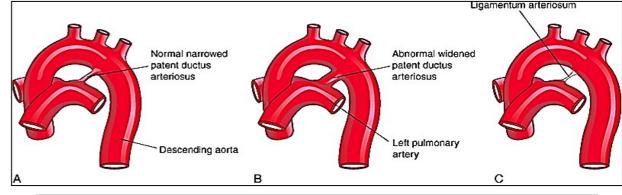
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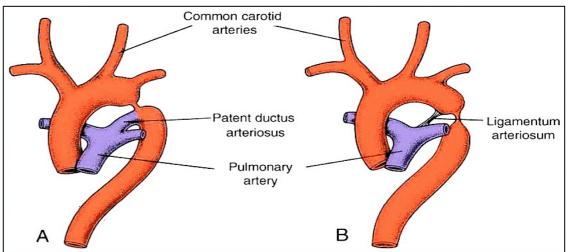


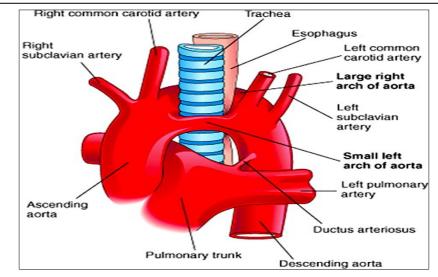


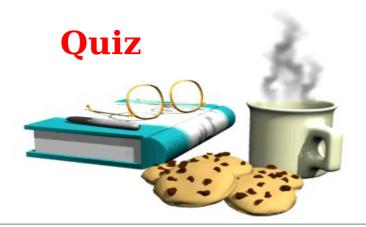
Waheeb Anomalies of arteries

- Patent ductus arteriosus -1 (PDA): occur alone or 2ry to .coarctation of aorta
- Coarctation of aorta: narrowing -2 of a segment of aorta, it may be preductal (PDA) or postductal .(no PDA)
- :Anomalies of the arch -3
- Double aortic arch forming a vascular ring around the .trachea and oesophagus
- Rt. aortic arch (reversal of the normal)
- Interrupted aortic arch -





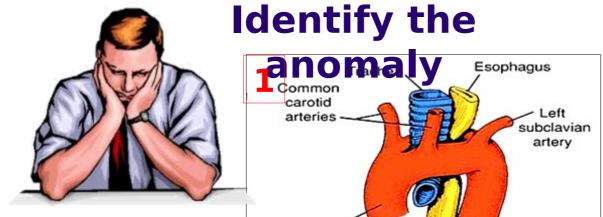




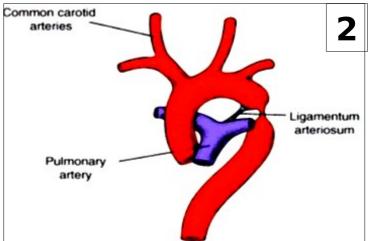
■Left subclavian artery is derived from:

- a. 3rd aortic arch
- b. 7th intersegmental A
- c. 4th aortic arch
- d. Left part of aortic sac
- e. 6th aortic arch
- List the primordia (sources) of the aortic arch.





Ascending aorta



Descending aorta



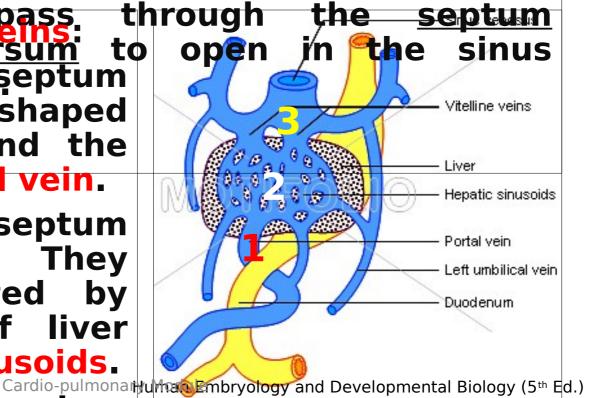
♠The 3 pairs of major veins of the embryo open into right & left horns of sinus venosus.

A]Vitelline veins: Right & left

-2 veins which drain the yolk sac & gut.

■ Fate of vite line veins: transversum transversum ⇒ 8-shaped anastomosis around the duodenum ⇒ Portal vein.

2-Within septum transversum ⇒ They become interrupted by growing cords of liver cells ⇒ Hepatic sinusoids.



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septum

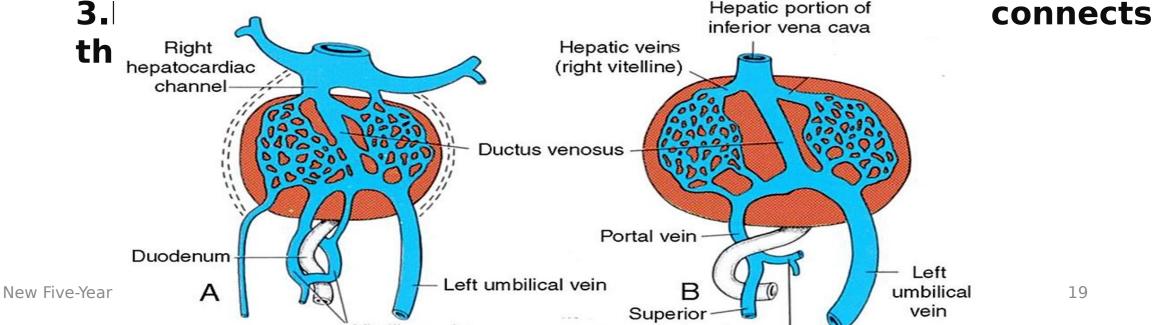
B]Umbilical veins:

-2 veins which carry oxygenated blood from the placenta to the sinus venosus after passing through the <u>septum</u> <u>transversum</u>.

■Fate:

- -Right vein disappears.
- -Left vein:
- 1.Part between septum transversum & sinus venosus disappears.
- 2.Part inside the septum transversum ⇒ Ductus venosus.

 Hepatic portion of connected to the septum transversum ⇒ Ductus venosus.



Waheeb :C- Cardinal veins

There are 2 common - cardinal veins, each is formed by the union of anterior and posterior cardinal veins

They drain venous blood - from the body wall and in the sinus venosus

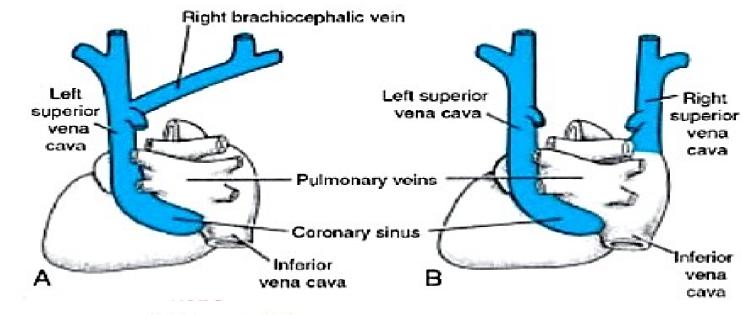
They form the caval - .system

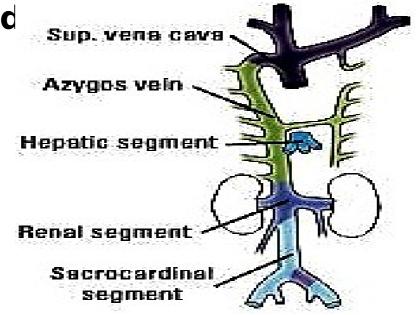
:Anomalies of veins

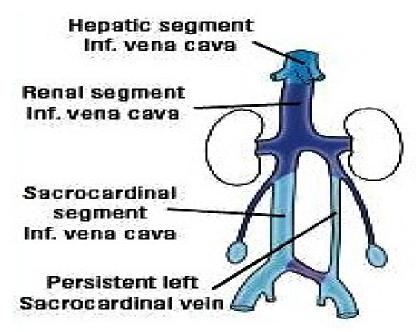
.Double SVC -1

Double IVC -3

.Lt. SVC -2







FOETAL CIRCULATION

Waheeb

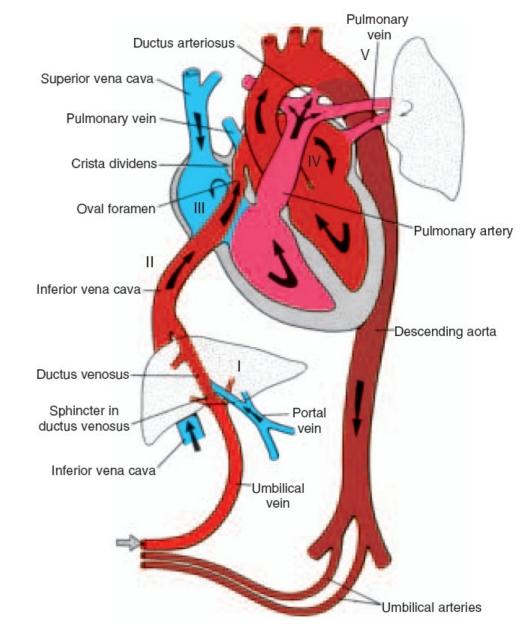
There is no respiration, so the placenta acts as a lung for oxygenation
of the foetal blood

The oxygenated blood is carried from the placenta to the foetus via the Lt. umbilical vein which passes to the liver

In the liver, most of the oxygenated blood passes through the ductus .venosus to reach the IVC

The IVC carries the oxygenated blood - (from the placenta), which mixes with little amounts of deoxygenated blood reaching the IVC from the lower 1\2 of .the body, to the Rt. atrium

In the Rt. atrium, most of the bloodfrom the IVC is directed through the

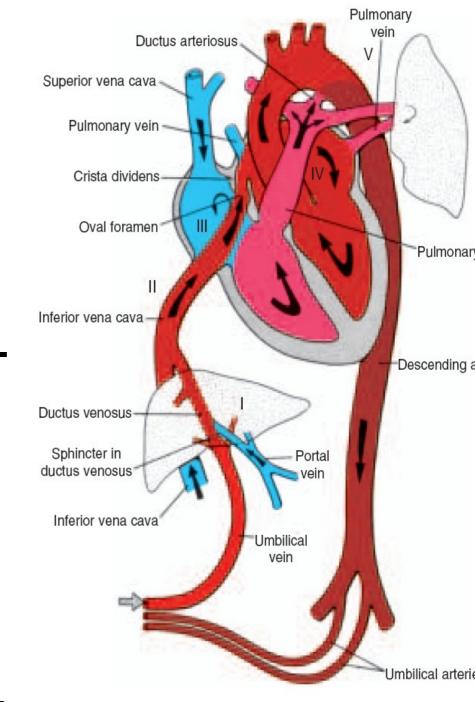


From the Lt. atrium, blood passes to the -Lt. ventricle and aorta and then distributed mainly to the heart, U.L. & head and neck

The deoxygenated blood:carried by the SVC reaches the Rt. atrium where it passes directly to the Rt. ventricle then to the .pulmonary trunk

From the pulmonary trunk, little amount of -blood passes to the lung while the majority passes through the ductus arteriosus to reach the distal part of the arch of aorta. where it mixes with the oxygenated blood

The dorsal aorta carries partially - oxygenated blood which is distributed to the abdomen , lower limbs and finally passes through the 2 umbilical arteries to



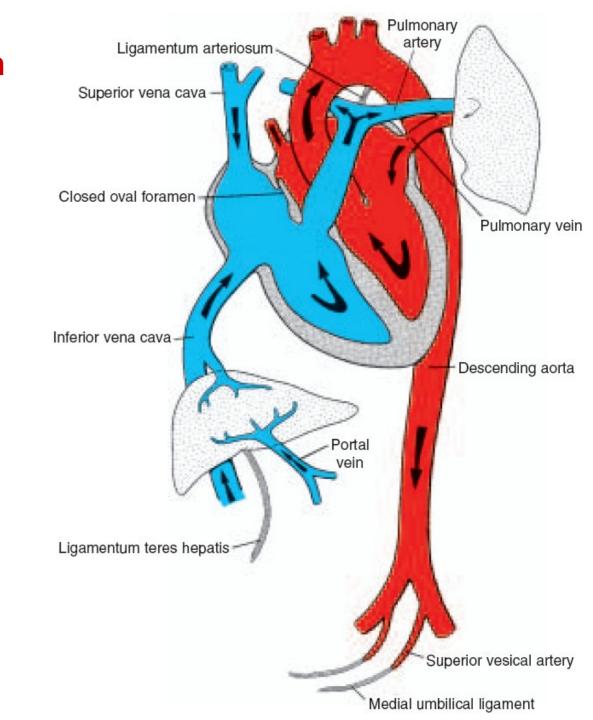
Changes in the circulation after birth

:Immediate changes

Immediately after birth, the lung - expands causing negative intrathoracic pressure leading to suction of blood into the lungs and establishment of pulmonary .circulation

The increased pressure in the Lt. - atrium together with the decreased pressure in the Rt. atrium causes firm apposition of the septum primum to the septum secondum leading to closure of the foramen .ovale

The ductus arteriosus becomes -



Late fibrotic changes

During the 1st year of postnatal life some of the vessels become fibrosed and change into ligaments

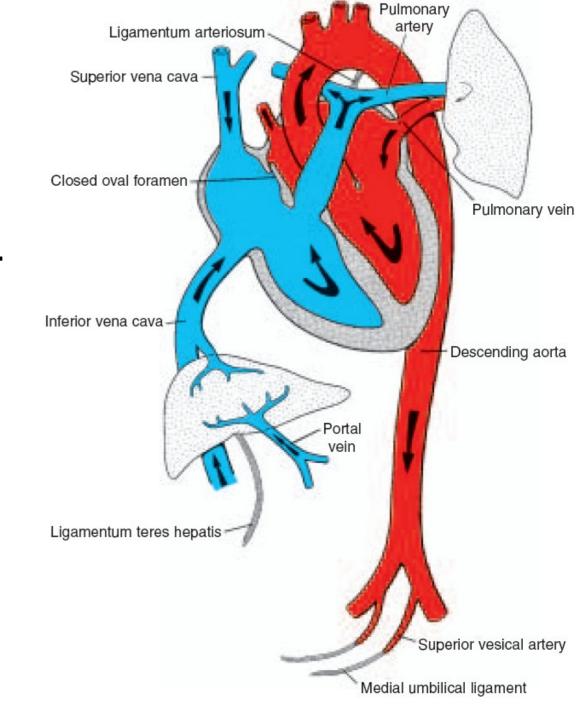
The Lt. umbilical vein: becomes the -1 ligamentum teres of the liver

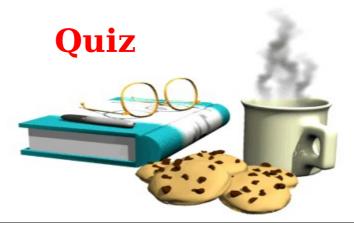
The ductus venosus: becomes the -2 .ligamentum venosum

Ductus arteriosus: becomes -3 ligamentum arteriosum connecting the Lt. pulmonary artery with arch of .aorta

The umbilical arteries: become the -4 lateral umbilical ligaments. Their proximal part remains patent gives

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- ■In fetal circulation, highest level of oxygenated blood is present in:
- a. Left atrium
- b. IVC
- c. Arch of aorta
- d. Left umbilica vein
- e. Left ventricle
- **■**List the 3 shunts in fetal circulation.

Lecture Summary





Arteries & veins

- -There are 3 sets of aortic vessels & 6 pairs of aortic arches
- -The arch of aorta is derived from 3 sources
- -Anomalies of the aortic arches include PDA & anomalies of arch of aorta; Coarctation, double, right & interrupted arch of aorta
- -There are 3 pairs of major veins (at 4th week): Vitelline, umbilical and cardinal veins.
- 3 shunts are essential in the fetal circulation & 3 types of blood are present according to O2 content.

SUGGESTED TEXTBOOKS



1.Keith L. Moore: Before we are born, essentials of embryology and birth defects; 7th edition.

2.Langman: Medical embryology; 14th edition.

3. Web sites: https://studentconsult.inkling.com/

https://www.clinicalkey.com/student

